

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 03/05/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 03/06/2007						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	1976	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8800	195	FURTHER PROCESSING NECESSARY,	0	2273	2282	9
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	97	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404904	WESTERN HIGHLAN	8534	143	SERVICE FACILITY LOCATION IS N				
	DS LME			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8533	137	SERVICE FACILITY LOCATION CANN	0	684	6868	6184
				OT BE AN ATTENDING PROVIDER				
				IDENTIFIED AS AN INDIVIDUAL.				
		8599	126	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404910	PATHWAYS	8599	479	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	161	DUPLICATE OF CLAIM-SYSTEM	109	1075	6437	5356
		8534	90	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404912	CATAWBA COUNTYM	8599	38	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	4	CLIENT NOT ELIGIBLE ON SERVICE	2	47	655	608
				DATE				
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	8599	7947	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		3411	2473	PROVIDER TYPE AND SPECIALTY 07	415	16699	20374	3675
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		21	1779	DUPLICATE OF CLAIM-SYSTEM				
3404916	CROSSROADS BEHA	8518	375	CLAIM DENIED, SUBMITTED BEYOND				
	VIORAL HEAL			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		11	68	CLIENT NOT ELIGIBLE ON SERVICE	0	468	5397	4929
				DATE				
		4807	9	SERVICE DENIED. UNIT LIMITATIO				
				N HAS BEEN EXCEEDED FOR THIS				
				SERVICE				
3404917	CENTERPOINT HUM	8505	349	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		8599	53	DETAIL NOT COVERED BY COMBINAT	0	512	1995	1483
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		23	30	SERVICE REQUIRES PRIOR APPROVA				
				L				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	15	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	61	874	813
		191	7	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404920	ALAMANCE CASWEL L AREA MH D	8505	2414	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	75	DUPLICATE OF CLAIM-SYSTEM	1	2512	3327	815
		3411	11	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404921	ORANGE PERSON C HATHAM AREA	8505	3125	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5312	226	PRIOR AUTHORIZED DOLLARS EXCEE DED	9	3746	5668	1922
		21	122	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	8505	1245	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	132	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	9	1462	2094	632
		8599	45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	11	143	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	110	DUPLICATE OF CLAIM-SYSTEM	0	303	2122	1819
		8518	22	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404925	SANDHILLS CENTE R FOR MH/DD	11	116	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	113	DUPLICATE OF CLAIM-SYSTEM	14	527	2927	2400
		8599	72	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8518	181	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	144	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	13	575	4162	3587
		21	79	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	11	123	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	201	1041	840
		5404	25	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404930	JOHNSTON COUNTY MNTL HLTHC	23	133	SERVICE REQUIRES PRIOR APPROVA L				
		11	68	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	203	325	122
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404931	WAKE CO HUM SVC BILLING OF	5308	50	PRIOR AUTHORIZED UNITS EXCEED D				
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	211	640	429
		11	37	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404933	SOUTHEASTERN CT R FOR MH/DD	79	184	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	74	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	350	1176	826
		11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONSLow CARTERET BEHAV HEAL	11	270	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	78	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	520	1589	1069
		8535	66	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	172	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5404	6	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	184	536	352
		21	5	DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGEcombe NASH MNTL HLTH C	21	9	DUPLICATE OF CLAIM-SYSTEM				
		191	8	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	35	906	871
		8534	8	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404939	NEUSE MENTAL HE ALTH CENTER	3412	112	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8518	61	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	209	1128	919
		8599	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S AS CENTER	669	38	OTHER DIAGNOSIS CODE 3 IS INVA LID				
		8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	70	1042	972
		8537	9	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404942	ROANOKE CHOWANH UMAN SERVIC	79	8	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	16	337	321
		8518	2	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404943	ALBEMARLE MENTA L HEALTH CE	79	61	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8535	22	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	8	132	1385	1253
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	21	8	DUPLICATE OF CLAIM-SYSTEM				
		120	4	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	19	3758	3739
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	143	34	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		8599	12	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	57	694	637
		191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404957	TIDELAND MENTAL HEALTH CTR	8505	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8518	71	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	4	290	2366	2076
		8800	55	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404979	NEW RIVER AREAM H/DD/SA PRO	8505	9	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	3	DUPLICATE OF CLAIM-SYSTEM	0	12	12	0